

## TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from **criminal violence** or by a **casualty** or by **suicide**, or **suddenly while in apparent health**, or when **unattended by a physician or in prison**, or in any **suspicious or unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "**Heart failure**," "**Dropsy**," or other **mere symptom** as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

## TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is **mutilated, illegible, inaccurate**, or any portion of which has been **erased, interlined, corrected or altered**, as all such changes impair its value as a public record.

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker by.....

(NAME AND ADDRESS)

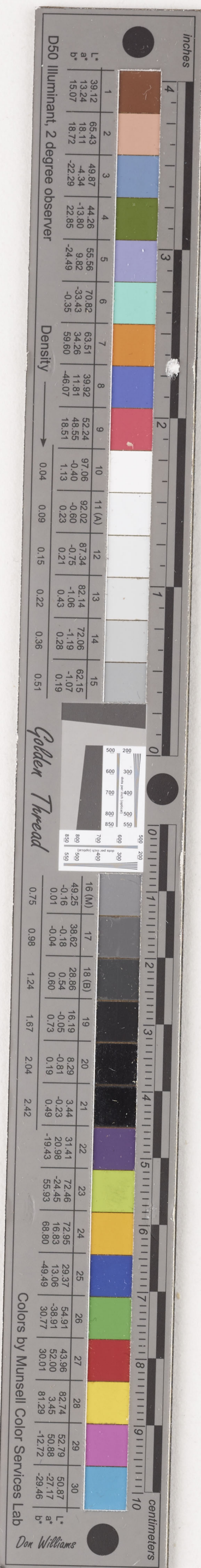
the.....of deceased. This statement is made to obtain a permit

(RELATIONSHIP)

for the burial or cremation of the remains of deceased.....

Signature.....





A 39252

14-H 25-2608-32-B

1 PLACE OF DEATH

STATE OF NEW YORK  
Department of Health of The City of New York  
BUREAU OF RECORDS  
STANDARD CERTIFICATE OF DEATH

BOROUGH OF S.S. Washington

No. North Atlantic Ocean; Long. 65° 19' W. Lat 40° 55' N St.

Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc. Ship's cabin

Registered No. ....

2 PRINT FULL NAME Peter Cassidy

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

single

15 DATE OF DEATH

January 16, 1936  
(Month) (Day) (Year)

5A. WIFE  
HUSBAND } OF

Unknown

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

40 yrs. - mos. - ds.

If LESS than  
1 day, .... hrs.  
or .... min.?

8 OCCUPATION

(a) Trade, profession, or  
particular kind of work

Driver

(b) General nature of industry,  
business or establishment in  
which employed (or employer)

5th Ave Bus Corporation

9 BIRTHPLACE  
(State or country)

Irish Free State

(9) How long in  
(A) U. S. (if of for-  
eign birth)

14 years

(9) How long resi-  
dent in City  
of New York

14 years

PARENTS OF DECEASED

10 NAME OF  
FATHER

Unknown

11 BIRTHPLACE  
OF FATHER  
(State or country)

Unknown

12 MAIDEN NAME  
OF MOTHER

Unknown

13 BIRTHPLACE  
OF MOTHER  
(State or country)

Unknown

14 Special INFORMATION required in deaths in hospitals and institu-  
tions and in deaths of non-residents and recent residents.

Usual Residence 110 Convent Ave, New York N.Y.

16 I hereby certify that the foregoing particulars  
(Nos. 1 to 14 inclusive) are correct as near as the  
same can be ascertained, and I further certify that  
I attended the deceased from 1:30 A.M. Jan 16 1936  
to 10:AM Jan 16 1936, that I last saw him  
alive on the 16th day of January 1936  
that death occurred on the date stated above at 10 A.M.,  
and that the cause of death was as follows:

chronic myocarditis

(Paroxysmal Tachycardia)

Unknown duration - yrs. - mos. - ds.

Contributory  
(Secondary)

Operation? no State kind -

Witness my hand this 16th day of Jan 1936

Signature John P. Connors M. D.

Address S.S. Washington  
Pier #60 N.R. New York N.Y.

FILED

17 PLACE OF BURIAL

LAVIS, Kilmainham Wood, Co. Meath. Irish Free State

18 UNDERTAKER

Unknown

DATE OF BURIAL

Unknown, 19-

ADDRESS